

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006617

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: CAMPBELL AND WEEKS PLUMBING CONTRACTORS, INC.

**Current Principal Place of Business:**

3010 W BEAVER STREET  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

3010 W BEAVER STREET  
JACKSONVILLE, FL 32254

**New Mailing Address:**

FEI Number: 20-0577911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WICKES, LESLIE A ESQ.  
1301 RIVERPLACE BLVD.  
1700  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WEEKS, MICHAEL W  
Address: 3070 ANDERSON ROAD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: DV ( ) Delete  
Name: CAMPBELL, KEITH M  
Address: 2732 VICTORIAN OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: S ( ) Delete  
Name: WEEKS, CHRISTINE L  
Address: 3070 ANDERSON RD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: T ( ) Delete  
Name: CAMPBELL, HEIDI J  
Address: 2732 VICTORIAN OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE L WEEKS

S

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date